

RESEARCH SUMMARY

A survey of various aspects of primary dental care

Contemporary dental practice in the UK: demographic data and practising arrangements

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Objectives

To investigate, by questionnaire, various aspects of primary dental care provision in the North West of England and Scotland.

Method

A questionnaire containing 79 questions was sent to 1,000 practitioners, selected at random, in the North West of England and Scotland. Non-responders were sent another questionnaire after a period of 4 weeks had elapsed.

Results

Overall a response rate of 70% was achieved. The majority of practitioners were practice principals (65%), working in a group NHS practice (80%) located in a city or town centre (49%). On average 10–20 patients were treated each session with fewer patients treated per session under private arrangements. Many practitioners were found to lack hygienist support (44%) and to employ unqualified dental nurses (82%). Younger practitioners were more likely than senior colleagues to have access to up-to-date computers whilst 37% and 74% of respondents never used CAL programmes or magnification respectively. Contemporary cross-infection control standards were used by the majority of practitioners, although 3% of practitioners reported only auto-claving their handpiece once a day.

Conclusions

The majority of practitioners, involved in this study, worked under National Health Service (NHS) regulations as principals in a group practice where the workload was greater than the private/independent sector. Contemporary cross-infection procedures were used routinely. In contrast, computer-aided learning programmes and magnification were not used routinely. The practitioners in this study employed significant numbers of unqualified dental nurses.

IN BRIEF

- The majority of primary dental care continues to be provided under NHS arrangements by practitioners working in partnership/group practices.
- Hygienists' support is more likely to be found in insurance-based practices.
- Practitioners attend on average five or more postgraduate courses a year.
- Few practitioners are currently using on-line CPD.
- A minority of practitioners routinely use magnification.

COMMENT

This paper is the one in a series of three papers which investigates aspects of general dental practice by a questionnaire survey. The questionnaire was based on those used in annual surveys of dentists in the USA by the Clinical Research Associates.

It is suggested by the authors that this type of study, if repeated on a regular basis, could provide an objective basis for observing trends in general dental practice. One of the problems of this type of survey is that it provides data at a given time (in this study the year 2000) but with the lead-in time to publication some of the information may not reflect current practices. Although a good representative sample and response were achieved, the geographical distribution was limited to the North West of England and Scotland. The authors recognise that some of the results may have been different had other areas of the UK been included in the study.

The results of this questionnaire survey do, however, provide useful information on a number of interesting aspects of general dental practice. Some of the results are unsurprising to general dental practitioners. The majority of respondents worked in group NHS practice with a patient workload significantly greater than the private or independent sector and most of the practitioners followed current infection control procedures.

It was a disturbing finding that a number of practitioners failed to decontaminate and sterilise handpieces between patients. Guidelines are specific in this area and in the use of disposal items such as three-in-one syringe tips. It was also disconcerting that some practitioners did not wear gloves for all operative procedures and almost a third still used powdered latex gloves. It is recognised that the powder in gloves adsorbs latex particles and is disseminated into the air carrying latex allergens. These have the potential to sensitise both patients and dental staff and can cause adverse reactions in those already allergic. Powdered gloves should therefore not be used.¹

One of the aspects of general dental practice that was investigated related to workforce issues. Hygienists make a significant contribution to the provision of patient care and in this study significantly more worked in insurance-based practices than NHS practices. This may have been due, in part, to the workforce shortage of this group of PCDs. Unfortunately because of the limitations of this survey, an investigation of dental manpower shortages and the difficulty of recruitment in the two geographical areas was not included. The study did, however, highlight the large number of unqualified nurses employed by the practitioners who responded and the scale of the problems that face practitioners with the impending statutory requirement of dental nurses to register with the GDC. In conclusion, the results of this study raise questions about aspects of primary care provision that need to be addressed and highlight areas for future research.

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1. Health Service Circular HSC 1999/186. *Latex Medical Gloves and Powdered Latex Medical Gloves: reducing the risk of allergic reaction to latex and powdered medical gloves.* <http://www.doh.gov.uk/coinh.htm>